

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4359

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2218 Tower Grove Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Samuel J. Coultas
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Otilla Coultas nee Klosterman 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased November 23, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>5</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Architect

11. Industry or business _____

MOTHER FATHER { 12. Name John Coultas

13. Birthplace Unknown England //
(City, town, or county) (State or foreign country)

14. Maiden name Susan Edwards

15. Birthplace Unknown England //
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Otilla Coultas

(b) Address 2218 Tower Grove Ave

17. (a) Burial (b) Date thereof 5/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 11 1944 J. F. Budeck
(Date received local registrar) (Registrar's signature)

*2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2218 Tower Grove Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8th
year 1944 hour 6:30 PM minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Coronary Occlusion
Arteriosclerosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
Means of injury 3
23. Signature Alfred H. ... (M. D. or other)
Address ... Date signed 5/11/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Welford G Burnley*.....

Licensed Embalmer No. *42020*.....

P. O. Address *Albany, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.